

Grantee State

In which state is the grantee located? California
(for multiple state selections hold CTRL+Key)

Grantee Information

Grantee Name San Diego
Name of Organization or Department Administering Funds City Planning & Community Investment Dept.
Organizational DUNS# 138735407
Grant Number S09-MY-06-0542
Grant Amount \$6,168,104
Identify the Field Office Los Angeles
Identify CoC(s) in which the grantee and/or subgrantee(s) will provide HPRP assistance.

HPRP Contact Name

Prefix

First Name Beth

Middle Name

Last Name Murray

Suffix

Title Deputy Director

HPRP Contact Address

Street Address 1 1200 Third Ave.

Street Address 2 Suite 1400

City San Diego

State California

ZIP Code 92101

Phone Number 619-236-6421
Format: 123-456-7890

Extension

Fax Number 619-533-3219
Format: 123-456-7890

Email Address bmurray@sandiego.gov

Confirm Email Address bmurray@sandiego.gov

Report Period and Status

Select the Reporting Period for this Performance Report 07/01/09 - 09/30/09

Indicate Report Type QPR

Indicate Performance Report Status Preliminary

Instructions:

Total Served

[illegible]

Total Served by Activity (#)

[illegible]04/27/2011

Housing Relocation & Stabilization Services												
Case management	0	0	0	0	0	0	0	0	0	0	0	0
Outreach and engagement	0	0	0	0	0	0	0	0	0	0	0	0
Housing search and placement	0	0	0	0	0	0	0	0	0	0	0	0
Legal services	0	0	0	0	0	0	0	0	0	0	0	0
Credit repair	0	0	0	0	0	0	0	0	0	0	0	0
Total-Housing Relocation & Stabilization Services	0	0	0	0	0	0	0	0	0	0	0	0

In the cells below, enter the number of persons who resided in each of the destinations provided after HPRP Homelessness Prevention Assistance ended, in the current quarter and the total for the grant to date.

[illegible]

HPRP Quarterly Performance Report	Page 7	04/27/2011
-----------------------------------	--------	------------

Institutional Destinations						
Psychiatric hospital or other psychiatric facility	0	0.00%	0.00%	0	0.00%	0.00%
Substance abuse treatment facility or detox center	0	0.00%	0.00%	0	0.00%	0.00%
Hospital (non-psychiatric)	0	0.00%	0.00%	0	0.00%	0.00%
Jail, prison or juvenile detention facility	0	0.00%	0.00%	0	0.00%	0.00%
Foster care home or foster care group home	0	0.00%	0.00%	0	0.00%	0.00%
Total Persons Leaving for Institutional Destinations	0	100.00%	0.00%	0	100.00%	0.00%
Miscellaneous						
Other Destinations	0	0.00%	0.00%	0	0.00%	0.00%
Deceased	0	0.00%	0.00%	0	0.00%	0.00%
Don't know / refused	0	0.00%	0.00%	0	0.00%	0.00%
Missing this information	0	0.00%	0.00%	0	0.00%	0.00%
Total for Miscellaneous	0	100.00%	0.00%	0	100.00%	0.00%
TOTAL PERSONS WHO LEFT THE PROGRAM	0		0.00%	0		0.00%

Housing Outcomes of Persons Served with Homeless Assistance

In the cells below, enter the number of persons who resided in each of the destinations provided after HPRP Homeless Assistance ended, in the current quarter and the total for the grant to date.

Housing Outcomes (All Leavers Only)

Enter the number of persons who resided in each of the destinations provided after HPRP Homeless Assistance ended, in the current quarter and the total for the grant to date.

Destination	Quarter			Grant to Date		
	Persons	%	% of Total	Persons	%	% of Total
Permanent Destinations						
Permanent supportive housing for formerly homeless persons (such as SHP, S+C, or SRO Mod Rehab)	0	0.00%	0.00%	0	0.00%	0.00%
Rental by client, no housing subsidy	0	0.00%	0.00%	0	0.00%	0.00%
Rental by client, VASH housing subsidy	0	0.00%	0.00%	0	0.00%	0.00%
Rental by client, other (non-VASH) housing subsidy	0	0.00%	0.00%	0	0.00%	0.00%
Owned by client, no housing subsidy	0	0.00%	0.00%	0	0.00%	0.00%
Owned by client, with housing subsidy	0	0.00%	0.00%	0	0.00%	0.00%
Staying or living with family, permanent tenure	0	0.00%	0.00%	0	0.00%	0.00%
Staying or living with friend, permanent tenure	0	0.00%	0.00%	0	0.00%	0.00%
Total Persons Leaving for Permanent Destinations	0	100.00%	0.00%	0	100.00%	0.00%
Temporary Destinations						
Emergency shelter, including hotel or motel paid for with emergency shelter voucher	0	0.00%	0.00%	0	0.00%	0.00%
Transitional housing for homeless persons (including homeless youth)	0	0.00%	0.00%	0	0.00%	0.00%
Staying or living with family, temporary tenure	0	0.00%	0.00%	0	0.00%	0.00%
Staying or living with friend, temporary tenure	0	0.00%	0.00%	0	0.00%	0.00%
Hotel or motel paid for without emergency shelter voucher	0	0.00%	0.00%	0	0.00%	0.00%
Place not meant for human habitation	0	0.00%	0.00%	0	0.00%	0.00%
Safe Haven	0	0.00%	0.00%	0	0.00%	0.00%
Total Persons Leaving for Temporary Destinations	0	100.00%	0.00%	0	100.00%	0.00%
Institutional Destinations						
Psychiatric hospital or other psychiatric facility	0	0.00%	0.00%	0	0.00%	0.00%
HPRP Quarterly Performance Report			Page 9		04/27/2011	

Substance abuse treatment facility or detox center	0	0.00%	0.00%	0	0.00%	0.00%
Hospital (non-psychiatric)	0	0.00%	0.00%	0	0.00%	0.00%
Jail, prison or juvenile detention facility	0	0.00%	0.00%	0	0.00%	0.00%
Foster care home or foster care group home	0	0.00%	0.00%	0	0.00%	0.00%
Total Persons Leaving for Institutional Destinations	0	100.00%	0.00%	0	100.00%	0.00%
Miscellaneous						
Other Destinations	0	0.00%	0.00%	0	0.00%	0.00%
Deceased	0	0.00%	0.00%	0	0.00%	0.00%
Don't know / refused	0	0.00%	0.00%	0	0.00%	0.00%
Missing this information	0	0.00%	0.00%	0	0.00%	0.00%
Total for Miscellaneous	0	100.00%	0.00%	0	100.00%	0.00%
TOTAL PERSONS WHO LEFT THE PROGRAM	0		0.00%	0		0.00%

Expenditures by Activity

In the cells below, enter the amount of funds expended (costs incurred, not necessarily drawn down) for each activity type, in the current quarter and for the grant to date.

Expenditures (\$)

Homelessness Prevention Assistance
Total

Activities	Quarter	Grant to Date	Quarter	Grant to Date	Quarter	Grant to Date
Financial Assistance	0	0	0	0	0	0
Housing Relocation & Stabilization Services	0	0	0	0	0	0
Data Collection & Evaluation					0	0
Administration					1,225	1,225
TOTAL					1,225	1,225

Grant Allocation

Did the grantee meet the 9/30 deadline to award or enter into legally binding agreements with subgrantees? Yes

Grantee and Subgrantee/Contractor Allocations

Activity	Amount of HPRP Funds Retained by Grantee	Amount of HPRP Funds Awarded To Subgrantee (s) / Contractor s(s)	Total
Financial Assistance	\$0.00	\$3,823,188.00	\$3,823,188.00
Housing Relocation and Stabilization	\$0.00	\$1,736,511.00	\$1,736,511.00
Data Collection and Evaluation	\$0.00	\$300,000.00	\$300,000.00
Administration	\$108,104.00	\$200,301.00	\$308,405.00
Total	\$108,104.00	\$6,060,000.00	\$6,168,104.00

HPRP Grant Amount	\$6,168,104
--------------------------	-------------

Subgrantee/Contractor List Attachment

Document Type	Required?	Document Description	Date Attached
Subgrantee Attachment	Yes	Subgrantee List -...	10/09/2009

Attachment Details

Click on [HPRP Subgrantee List Template](#) on the left menu bar. Complete the spreadsheet, save it to your computer, and upload it to e-snaps using the [Browse](#) button. Excel and zip are the only file types allowed.

Document Description: Subgrantee List - City of San Diego

Enter the total number of persons and households estimated to be served with HPRP Homelessness Prevention assistance and HPRP Homeless Assistance by the end of the grant period. For more instructions, click on "Instructions" on the left menu.

[illegible]

HPRP Quarterly Performance Report	Page 15	04/27/2011
-----------------------------------	---------	------------

Homelessness Prevention - Other Risk Factors to be Used

For Homelessness Prevention activities, in addition to HPRP eligibility requirements, are there other risk factors that will be used to determine eligibility and/or prioritization for homelessness prevention assistance?

No

If yes, identify the criteria to be used and provide a brief description, including how the criteria will be used (e.g. limited to only certain types of HPRP assistance or applied across all subgrantees and types of assistance) and rationale for why the criteria were chosen (limit 2500 characters).

Data Collection Plan

Will beneficiary data be entered (or uploaded at least quarterly) into a single HMIS at the grantee level in order to generate unduplicated data for "Persons and Households Served" questions in the QPR? Yes

If yes, briefly describe the HMIS to be used and the plan to ensure data quality (completeness and accuracy)(limit 2000 characters).

The Regional Continuum of Care has appointed the Regional Task Force on the Homeless (RTFH) as the lead agency for operating a homeless management information system (HMIS) in the San Diego region. Currently, the RTFH collects data from 75% of the City's homeless service providers who utilize the Service Point software. For the HPRP grant, the RTFH has been contracted to collect data from the HPRP homeless services subcontractors and manage the data in accordance with HPRP guidelines and the HUD universal data elements. Monthly reports will be run to ensure data quality and program integrity. The Data Warehouse is the designated HMIS aggregate reporting tool for the San Diego region. All HUD funded programs are required to enter client data into HMIS and produce their Annual Progress Reports through HMIS. In order to meet HUD's requirements for HMIS participation and the communities need for aggregate data, data collected in databases (SP, C Star, or others developed others) will provide the data warehouse with regular exports of the HUD Universal data elements including client name, social security number, date of birth and gender in AHAR xml schema format to the warehouse. Programs whose primary purpose is to provide services to domestic violence victims will participate in accordance with HUD guidelines governing such programs.

If no, briefly describe the HMIS(s) and/or other comparable client-level database(s) that will be used by one or more subgrantees and the plan to ensure data quality (completeness and accuracy)(limit 2000 characters).

Authorizing Information and Certification

The Name of the Authorized Grantee Official should be the same as submitted in the HPRP Substantial Amendment, unless there has been a change.

Name of Authorized Grantee Official William Anderson

Title/Position Director, City Planning & Community Investment
Dept.

I hereby certify that all the information stated herein is true and accurate. I understand that HUD will prosecute false claims and statements and that conviction may result in criminal and/or civil penalties (pursuant to 18 USC 1001, 1010, 1012; 31 USC 3729, 3802).

Check for Certification ☒

Summary

Part	Last Updated
Grantee State	No Input Required
Grantee Information	10/09/2009
Report Period and Status	10/09/2009
Persons and Households Served	10/09/2009
Housing Outcomes Homelessness Prevention	10/09/2009
Housing Outcomes Homeless Assistance	10/09/2009
Expenditures by Activity	10/09/2009
Grant Allocation	10/09/2009
Subgrantee/Contractor List Attachment	10/09/2009
Projected Persons and Households to be Served	10/09/2009
Homelessness Prevention Risk Factors	10/09/2009
Data Collection Plan	10/09/2009
Authorizing Information and Certification	10/09/2009